

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90063 006 \*\*\*150.00

DOCUMENT # P97000072703

1. Corporation Name

THE DAVID ARDEN GROUP, INC.

Principal Place of Business

75 GULFSTREAM ROAD  
#107  
DANIA FL 33004

Mailing Address

75 GULFSTREAM ROAD  
#107  
DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1997

4. FEI Number

65-0780318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 11098 NW 8TH CT.

Suite, Apt. #, etc.

22

City & State  
23 PLANTATION FL

Zip Country  
24 33324 25 USA

2a. Mailing Address

26 11098 NW 8TH CT.

Suite, Apt. #, etc.

27

City & State  
28 PLANTATION FL

Zip Country  
29 33324 30 USA

9. Name and Address of Current Registered Agent

WOO, DAVID  
201 178TH DR  
SUITE 321  
MIAMI FL 33160

10. Name and Address of New Registered Agent

81 Name

DAVID WOO

82 Street Address (P.O. Box Number is Not Acceptable)

11098 NW 8TH CT.

83

84 City

PLANTATION

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 607.0582 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MAR 07 1999

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WOOD, DAVID  
STREET ADDRESS 75 GULFSTREAM ROAD  
CITY-ST-ZIP DAVIE FL 33004

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME WOOD, DAVID  
1.3 STREET ADDRESS 11098 NW 8TH CT.  
1.4 CITY-ST-ZIP PLANTATION FL 33324

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID WOO, PRES.

MAR 07 1999

Date

Daytime Phone #

954-723-9118

CR2E034 (11/98)